Item 3 - 6/12/53 - statement of Funeral Dir.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15930

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 3

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) Edgar (Last) BALLMAN

4. DATE OF DEATH: (Month) JUNE (Day) 4 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	August 9-1878	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
R.R. Trackman	W. Md. Rwy.	Maryland	U.S.A.

13. FATHER'S NAME: John W. Ballman

14. MOTHER'S MAIDEN NAME: Emma Jane Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
No	None	Mrs Caroline Ballman Westminster R.D. 3 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis (chr)	?
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Nephritis (chr)	?
DUE TO		
	(c) Uremia	5 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 3 1953 to June 4-53, that I last saw the deceased alive on June 4, 1953, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

SIGNATURE W. C. Jamette (DEGREE OR TITLE) MD ADDRESS Westminster Md DATE SIGNED 6-5-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 8-1933	London Park Cemetery	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/6/53		H. Bankard & Son	Westminster, Md.

VS/A 15 8-51

RECEIVED
JUN 8 1953
BUREAU W.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05931

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 4½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: ——
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
00-01
STREET ADDRESS (If rural give location): 28 N. Montford Ave

3. NAME OF DECEASED: (First) ISAAc (Middle) —— (Last) BEAGUN
4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: ??? 1883
9. AGE Last birthday: 70 ? yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Unk -
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? Russia ?
13. FATHER'S NAME: ???? Unk -
14. MOTHER'S MAIDEN NAME: Anna Beagun
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unk. (If Yes, give war or dates of service): ——
16. SOCIAL SECURITY No.: Unk -
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
450.0 Immediate cause	(a) Bronchopneumonia	2 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	more than 1 yr.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senile psychosis		9 mo.

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION: ——
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ——
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ——
(CITY OR TOWN) ——— (COUNTY) ——— (STATE) ———
TIME OF INJURY (Month) (Day) (Year) (Hour) ——— m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from Feb. 10, 1953, to June 28, 1953, that I last saw the deceased alive on June 28, 1953, and that death occurred at 10:15 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) Martin Gross, M.D.
ADDRESS Sykesville, Md.
DATE SIGNED June 28, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-30-53
NAME OF CEMETERY OR CREMATORY: Rosedale
LOCATION (City, town, or county) (State): Balto. Md
DATE REC'D BY LOCAL REGISTRAR: June 29, 1953
REGISTRAR'S SIGNATURE: C. Harry Weber
24. FUNERAL DIRECTOR: Jack Lewis ME
ADDRESS: 2100 Eutaw Place

VS. A15

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05932

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred'k.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville — LENGTH OF STAY (in this place) since 11/25/52	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont 10X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) Clinton (Middle) Hoye (Last) BLICKENSTAFF

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	February 16, 1882	71 yrs.	—	—	—	—

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Construction laborer	construction	Thurmont, Maryland	United States

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Washington Blickenstaff	Mary Showe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
unknown	---	213-01-9273 ~~unknown~~	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

		Interval Between Onset And Death
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	more than ½ year
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	" "
	DUE TO (c) ---	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — ½ year

19a. DATE OF OPERATION: --- 19b. MAJOR FINDINGS OF OPERATION --- 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) --- PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) --- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) --- m. INJURY OCCURED --- While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Apr. 13, 1953, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 5:05 a.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M. D. (Degree or title) ADDRESS Sykesville, Md. DATE SIGNED 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 5, 1953 NAME OF CEMETERY OR CREMATORY Blue Ridge LOCATION (City, town, or county) Thurmont (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/4/53 REGISTRAR'S SIGNATURE ~~Blanche S. Eyler~~ C. Harry Weer 24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T)

RECEIVED
JUN 8 1953
BUREAU V.

05933

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hampstead
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Buzzards Glory Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) RUSSELL (Middle) FRANKLIN (Last) BLIZZARD

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1953.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11-9-1933
9. AGE last birthday: 19 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter: Southern Industries
10b. KIND OF BUSINESS OR INDUSTRY: of Maryland
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George L. Blizzard
14. MOTHER'S MAIDEN NAME: Clidine Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-28-9177
17. INFORMANT & ADDRESS: Mrs Clidine Wagner Patapsco, Carroll Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

822X

Immediate cause (a) Dislocation Cervical Vertebra

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Buzzards Hampstead Rd Buzzards Glory
(CITY OR TOWN) Hampstead (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) 6 (Day) 6 (Year) 53 (Hour) 10 30 P. M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Turned automobile over.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive ~~on~~ ....., 19....., ~~and that~~ death occurred at 10 30 P. m., from the causes and on the date stated above.

SIGNATURE James T. Marsh Deputy Medical Examiner (DEGREE OR TITLE) ADDRESS Westminster Md DATE SIGNED 6/8/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 10-1953
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) Patapsco (State) Md.

DATE REC'D BY LOCAL REG. 6/9/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H Bankard Son Westminster, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 8-51

RECEIVED
JUN 11 1953
BUREAU V

05934

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 70

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route #2 Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HAROLD (Middle) ALBERT (Last) BROWN

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1953

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH June 27, 1930

9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker

10b. KIND OF BUSINESS OR INDUSTRY Beisel Foundry

11. BIRTHPLACE (State or foreign country) Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernest Brown

14. MOTHER'S MAIDEN NAME Louise Rebert.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 214-28-5000

17. INFORMANT AND ADDRESS Mrs Harold Brown, Taneytown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816 ✗ Immediate cause (a) Compound fracture of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Minute

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 71

(CITY OR TOWN) Mt Taneytown (COUNTY) Kearnell (STATE) Md

TIME OF INJURY (Month) 6 (Day) 18 (Year) 53 (Hour) 6 23 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile accident c M.V.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 6/18/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/20/53

NAME OF CEMETERY OR CREMATORY Christ Church Cem.

LOCATION (City, town, or county) (State) M. Littlestown, PA. Adams Co.

DATE REC'D BY LOCAL REG. June 18, 1953

REGISTRAR'S SIGNATURE Ethel M Mehring

24. FUNERAL DIRECTOR J. W. Little, Son Littlestown, PA. ADDRESS

Local Pur. R. A. Little.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(0335)

Reg. Dist. No. 16

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster (Rural); LENGTH OF STAY (in this place) 7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural; STREET ADDRESS (If rural, give location) Bachman Valley Road

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Louise (Last) Calhoun

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: April 5 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Heaton - Dama M.

14. MOTHER'S MAIDEN NAME: Sarah Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Jack Calhoun Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Uterus — Interval Between Onset and Death: 1½ yrs

174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1953, to June 27, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE: W N Hoard | (Degree or title) MD | ADDRESS Manchester, Md | DATE SIGNED 6/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF June 29 1953 | NAME OF CEMETERY OR CREMATORY John Luther Miller Cemetery | LOCATION (City, town, or county) (State): Westminster RD 3, Md.

DATE REC'D BY LOCAL REG.: 6/27/53 | REGISTRAR'S SIGNATURE: C Ray Fogle | 24. FUNERAL DIRECTOR: H B Bankard & Son | ADDRESS: Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A-15-1

RECEIVED
JUL 3 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05936

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
STREET ADDRESS (If rural give location) Brown Ave.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Lee (Last) Day

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 17 1903
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Day
14. MOTHER'S MAIDEN NAME: Julia Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) –
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs E. Grace Day - Sykesville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 . 1

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 15 Min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atherosclerosis — 5 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3, 1953, to 6/3, 1953, that I last saw the deceased alive on 6/3, 1953, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE J W Hentzen (Degree or title) M.D. ADDRESS Sykesville, Md DATE SIGNED 6/ 53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-6-53
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.
DATE REC'D BY LOCAL REGISTRAR June 4, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 T

JUN 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05937

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Henryton
LENGTH OF STAY (in this place): 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Germantown
STREET ADDRESS (If rural give location): Route # 2

3. NAME OF DECEASED (Type or Print): (First) DORA (Middle) MAE (Last) DORSEY

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 22, 1904

9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Clarksburg, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Gray

14. MOTHER'S MAIDEN NAME: Molly Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknow

17. INFORMANT & ADDRESS: Nora Offutt-- Clarksburg, Md. Rte. # 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: Unknown

002X

Immediate cause — (a) 1. Myocarditis — DUE TO — 4. Anasarca

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) 2. Cardiac Edema — DUE TO — 5. Bil. Pul. TB.

(c) 3. Polyserositis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1953, to June 9, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE: T.F. Westal. M.D. (Degree or title)

ADDRESS: Henryton, Maryland

DATE SIGNED: 6-9-53

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF: 6/13/53

NAME OF CEMETERY OR CREMATORY: Asbury Church

LOCATION (City, town, or county): Germantown (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 6-9-53

REGISTRAR'S SIGNATURE: Elbert A. Swanson
Local Deputy

24. FUNERAL DIRECTOR: R. L. Swarden

ADDRESS: Rockville, Md.

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05938

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: ——
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City, 14
STREET ADDRESS (If rural give location): 3018 Pinewood Ave

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Maybary (Last) Earhart

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1953

5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married — 8. DATE OF BIRTH: 12-19-68 — 9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): plasterer
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Earhart
14. MOTHER'S MAIDEN NAME: Carrie Sinclair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: 212-14-8788
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Bronchopneumonia — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) senility — 2½ yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senile psychosis — 2½ yrs

19a. DATE OF OPERATION: —— 19b. MAJOR FINDINGS OF OPERATION: —— 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —— PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —— (CITY OR TOWN): —— (COUNTY): —— (STATE): ——

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —— INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from Nov. 8, 1952, to June 20, 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at 10:15 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross M.D. — ADDRESS: Sykesville, Md — DATE SIGNED: June 20, 1953

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial — DATE THEREOF: 6-23-53 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR: June 24, 1953 — REGISTRAR'S SIGNATURE: C. Henry Weer

24. FUNERAL DIRECTOR: L. J. Rusk — ADDRESS: 5305 Harford Rd.

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05339

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge; STATE MARYLAND; LENGTH OF STAY (In this place) 6 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge; STREET ADDRESS (If rural, give location) Broadway

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) O (Last) ECKARD

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: 12/8/1861

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Uriah Eckard

14. MOTHER'S MAIDEN NAME: Hannah Feister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS: Mrs Gordon Fogle, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset and Death

450.0 Immediate cause (a) Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to June 20, 1953, that I last saw the deceased alive on 6-20, 1953, and that death occurred at 6:03 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. N. Legg M D ADDRESS Union Bridge, Md. DATE SIGNED 6-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried; DATE THEREOF 6/23/53; NAME OF CEMETERY OR CREMATORY Church of God Cem.; LOCATION (City, town, or county) (State) Uniontown, Md.

DATE REC'D BY LOCAL REG. June 22, 1953; REGISTRAR'S SIGNATURE Leslie L. Repp

24. FUNERAL DIRECTOR ADDRESS D. D. Hartley & Sons Union Bridge, Md

VS. A15

RECEIVED
JUN 23 1953
UREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (05940)

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
MARYLAND LENGTH OF STAY (in this place): since 5/31/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): ---

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) S. (Last) FEARN

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 28, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months --- Days --- IF UNDER 24 HRS.: Hours --- Min. ---

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic myocarditis and myocardial degeneration — Interval Between Onset And Death: more than 3 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) ---

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia — more than 50 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---
(CITY OR TOWN) (COUNTY) (STATE): ---

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ---
INJURY OCCURED While at Work ☐ Not While At Work ☐: ---
HOW DID INJURY OCCUR?: ---

22. I hereby certify that I attended the deceased from Oct. 31, 1950, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M. D.
ADDRESS: Sykesville, Md.
DATE SIGNED: 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: June 9th 1953
NAME OF CEMETERY OR CREMATORY: Greenmount
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR: 6/9/53
REGISTRAR'S SIGNATURE: A W Adkins

24. FUNERAL DIRECTOR: William J. Dickenson & Sons
ADDRESS: Smith & Penna Ave

VS. A15

05941

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R D #1
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS manchester

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN manchester (Rural
STREET ADDRESS (If rural, give location) R D #1

3. NAME OF DECEASED (Type or Print) (First) Austin (Middle) C (Last) Feeser
4. DATE OF DEATH (Month) 6 (Day) 18 (Year) 53

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 8/11/86
9. AGE last birthday 66 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) Carroll Co md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME George Feeser
14. MOTHER'S MAIDEN NAME Emma R line

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Aoudia M Brinneman manchester R D #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause (a) Congestive heart failure — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive [illegible] — 18 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1938, to 6-18, 1953, that I last saw the deceased alive on 6-17, 1953, and that death occurred at 4 p m., from the causes and on the date stated above.

SIGNATURE M. L. Petrofeil (Degree or title) M. L. ADDRESS Hampstead, Md DATE SIGNED 6-19-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/20/53
NAME OF CEMETERY OR CREMATORY Black Rock Cem
LOCATION (City, town, or county) York County (State) Pa.

DATE REC'D BY LOCAL REG. June 18/53
REGISTRAR'S SIGNATURE Mrs. L. R. S. Donner
24. FUNERAL DIRECTOR P B Wm Manchester ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05342

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Sykesville
LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Lake
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Susan (Last) Friend

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: F — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: Dec 3-1865 — 9. AGE Last Birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Unk — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Edwin Friend — 14. MOTHER'S MAIDEN NAME: Sarah E Blackburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unk —

17. INFORMANT & ADDRESS: Roy Friend — mt Lake Pk. md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
331X Immediate cause	(a)	Cerebral hemorrhage	2 wks.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Generalized arteriosclerosis	10 yrs.
	DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, agitated type

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE) —

TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec ..., 1948, to June 22 1953, that I last saw the deceased alive on June 22 1953, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

SIGNATURE M.N. Martin, M.D. (Degree or title) — ADDRESS Springfield State Hospital, Sykesville — DATE SIGNED 6-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-25-53 — NAME OF CEMETERY OR CREMATORY Stoyes — LOCATION (City, town, or county) (State) Garrett Co., Md

DATE REC'D BY LOCAL REGISTRAR June 23, 1953 — REGISTRAR'S SIGNATURE C. Harry Wiles

24. FUNERAL DIRECTOR Herbert C. Leighton — ADDRESS Oakland, Md.

JUN 25 1953

05943

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor — LENGTH OF STAY (in this place): 10 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E (Last) GOODWIN
4. DATE OF DEATH: (Month) (Day) (Year) 1953
5. SEX: [illegible]
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/4/1889
9. AGE last birthday: 63 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME: George Goodwin
14. MOTHER'S MAIDEN NAME: Mary Egle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 214-03-5612
17. INFORMANT AND ADDRESS: [illegible] Goodwin, New Windsor, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Stomach — 7 to 8 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastases to adjacent glands & liver — 7-8 mo

(c) secondary anemia cachexia and jaundice — 3 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 13/53
19b. MAJOR FINDINGS OF OPERATION: Ca Stomach (Resection)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1952, to June 1, 1953 that I last saw the deceased alive on June 1, 1953, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE: A Glenn Speicher (Degree or title) — ADDRESS: Westminster Md — DATE SIGNED: 6/2/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/4/53 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): Carroll County Md

DATE REC'D BY LOCAL REG.: June 3-53 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: [illegible] & Sons — ADDRESS: New Windsor, Md.

2 R1

VS. A15.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

RECEIVED
JUN 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05944

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) since July 26,48
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 2908 Springhill

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) — (Last) Gumenick

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 2

8. DATE OF BIRTH: Sept.16,1896

9. AGE last birthday: 56 yrs. 56
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elias - Levine

14. MOTHER'S MAIDEN NAME: Lena - Friedlander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

170X
Immediate cause (a) Malignant tumor of left breast with metastases — about 5 years
DUE TO to the thoracic organs

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — about 15 years
Involutional Melancholia — about 13 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan.1, 1953, to June 22, 1953, that I last saw the deceased alive on June 22, 1953, and that death occurred at 7 pm, from the causes and on the date stated above.

SIGNATURE Florian Nadolski (Degree or title) M.D. ADDRESS Sykesville, Md-Springfield St.Hosp. DATE SIGNED June 22,5

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 6-24-53
NAME OF CEMETERY OR CREMATORY Hebrew Rodeph
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR June 23, 1953
REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Jack Lewis Inc. ADDRESS 2100 Eastern Ave

RECEIVED
JUN 24 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05946

CERTIFICATE OF DEATH

Reg. Dist. No. 36

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster

LENGTH OF STAY (in this place) 13-yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 696 Colonial Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warfieldsburg

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MAGGIE MAE HAINES	June 24 1953	F	W	widow	Feb. 28-1871	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	-	Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William J. Carr	Sarah Bloom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mrs Warren Hoak 696 Colonial Ave. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592.X

Immediate cause (a) Myocarditis (chr)

DUE TO

Antecedent cause(s) (b) Nephritis (chr)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO

Edema

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May, 19 53, to June 24 19 53, that I last saw the deceased alive on June 25, 19 53, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette (DEGREE OR TITLE) MD ADDRESS Westminster Md. DATE SIGNED 6-26-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 27 1953	Warfieldsburg Cem.	Warfieldsburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/26/53	Clay Fogle	H Bankard & Son, Westminster Md.	

VS. A15—8-51

RECEIVED
JUL 3 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05347

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead; LENGTH OF STAY (In this place) 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 482

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ROLAND (Middle) L. (Last) HANN

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 16 1921

9. AGE last birthday: 32 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Harvey C Hann

14. MOTHER'S MAIDEN NAME: Mary Stump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO.: 215-26-1845

17. INFORMANT AND ADDRESS: Mrs Roland Hann, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

823X Immediate cause (a) Fracture of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway

(CITY OR TOWN) Hampstead (COUNTY) Carroll (STATE) Md.

TIME OF INJURY (Month) June (Day) 10 (Year) 1953 (Hour) 12:15 A.M. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Thrown from car when it ran off road and struck bank

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William [illegible] (Degree or title) Ass't. Medical Examiner ADDRESS 700 Fleet St.-Balto. 2,Md. DATE SIGNED 6/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF June 13/53; NAME OF CEMETERY OR CREMATORY Wesley; LOCATION (City, town, or county) (State) Carroll Co Md

DATE REC'D BY LOCAL REG. 6/11/53; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS Edw Stupton, Hampstead Md

RECEIVED
JUN 15 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Long View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Rural #1
STREET ADDRESS (If rural, give location) Melrose.

3. NAME OF DECEASED (Type or Print) (First) Barbara. (Middle) Ellen (Last) Harmon

4. DATE OF DEATH (Month) June (Day) 19 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH June 10 1878

9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Home.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Sholl

14. MOTHER'S MAIDEN NAME Sarah Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Park Trump - Manchester Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Renal Vascular Disease

(c) —

INTERVAL BETWEEN ONSET AND DEATH: ? ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 1, 1940, to June 19, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph E. Bush M.D. ADDRESS Hampstead Md DATE SIGNED June 19, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/21/1953 NAME OF CEMETERY OR CREMATORY Biflers Cemetery LOCATION (City, town, or county) Biflers Cemetery, Carroll Co. (State)

DATE REC'D BY LOCAL REG. June 20/53 REGISTRAR'S SIGNATURE Mrs. W.P.L. Denner

24. FUNERAL DIRECTOR W. A. Geiser Hanover Pa. ADDRESS

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05948

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) since 10/30/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville 15-
STREET ADDRESS (If rural give location) ---

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) A. (Last) HARRIS

4. DATE OF DEATH: (Month) June (Day) 19th (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: May 18, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer - Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Rockville, Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Abram Harris
14. MOTHER'S MAIDEN NAME: Mary V. 7

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.1

Immediate cause (a) Gangrene — 6 wks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — more than 3 yrs.

DUE TO

(c) ---

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile brain disease — 3 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) ---
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURED ---
While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Jan. 12, 1953, to June 18, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M. D.
ADDRESS Sykesville, Md.
DATE SIGNED 6/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-22-53
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) (State) Beallsville, Md.

DATE REC'D BY LOCAL REGISTRAR June 19, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Wm. B. Hilton
ADDRESS Barnesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 24 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05949

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 3mths. 6days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown 18X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) (Last) HAWKINS

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1882 ?
9. AGE last birthday: 71 ? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Bushwood, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Williams Barber
14. MOTHER'S MAIDEN NAME: Nannie Ates

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Far Adv., B ilat., Pul. Tbc.,

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 6 mos. ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 3, 1953, to June 9, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE T.F. Vestal, M.D. (Degree or title) ADDRESS Henryton, Maryland DATE SIGNED 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 6/15/53
NAME OF CEMETERY OR CREMATORY Medical school
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-9-53
REGISTRAR'S SIGNATURE Albert R. Swanphan
Deputy Local

24. FUNERAL DIRECTOR Travis A. Hemsly ADDRESS 578 W. Biddle St. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

T

RECEIVED
JUN 18
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15950

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Hawn

4. DATE OF DEATH: (Month) June (Day) 22, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: August 3, 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ephriam D. Hess

14. MOTHER'S MAIDEN NAME: Hannah McGuiggan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Dalbert Spangler, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Nephritis — Interval Between Onset And Death: 15 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis + Myocardial Degeneration — 10 yrs; Senile Dementia — 10 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10 ,1953, to 6/22 ,1953, that I last saw the deceased alive on 4/1 ,1953, and that death occurred at 1:15 P.M. E.S.T., from the causes and on the date stated above.

SIGNATURE R. T. McVaugh (Degree or title) M.D. ADDRESS Taneytown Md. DATE SIGNED 6/22/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF June 24, 1953
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Harney, Carroll Co., Maryland

DATE REC'D BY LOCAL REGISTRAR June 23, 1953
REGISTRAR'S SIGNATURE Ethel M Mehring local

24. FUNERAL DIRECTOR ADDRESS C.O.Fuss & Son, Taneytown, Maryland

VS. A16

RECEIVED
JUN 26 19
BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05951

Reg. Dist. No. A-78

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Westminster
LENGTH OF STAY (In this place): 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Westminster
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WADE (Middle) H. (Last) HOBBS

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 2-14-1877

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer(retired)

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Elias C. Hobbs

14. MOTHER'S MAIDEN NAME: Georgianna Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Beatrice Marquette

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerotic heart disease — Interval between onset and death: 1 yr

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe decubitus ulcers 2 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to June, 1953 that I last saw the deceased alive on June, 1953, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edgar Wilkens MD — ADDRESS: Westminster — DATE SIGNED: 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 6-11-1953 — NAME OF CEMETERY OR CREMATORY: Springfield — LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REG.: 6-10-53 — REGISTRAR'S SIGNATURE: E M. Farver

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Md.

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05952

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 21 03
STREET ADDRESS (If rural give location) 5[illegible] North Street

3. NAME OF DECEASED: (Type or Print) (First) MALCOMA (Middle) (Last) HOPEWELL
4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 1, 1915
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Pri. Family
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Hopewell
14. MOTHER'S MAIDEN NAME: Namoi Pierce
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
002X
Immediate cause (a) Far. Adv. Bilat., Pul., Toc. — Interval Between Onset And Death 1950
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1953, to June 11, 1953, that I last saw the deceased alive on June 11, 1953, and that death occurred at 7:15 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) T.F. Vestal, M.D. ADDRESS Henryton, DATE SIGNED 6-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 6/15/53
NAME OF CEMETERY OR CREMATORY Medical School
LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6-11-53
REGISTRAR'S SIGNATURE Albert R. Swankham
24. FUNERAL DIRECTOR Francis A. Hensley ADDRESS 575 W Biddle St.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0953

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Francis Swimming Pool

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 27 - Frisdale
STREET ADDRESS (If rural, give location) 146 Clyde Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Owen (Last) Houck
4. DATE OF DEATH (Month) June (Day) 30 (Year) 1953

5. SEX m
6. COLOR OR RACE w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 10, 1937
9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John O Houck
14. MOTHER'S MAIDEN NAME Alvina M. Hyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John O. Houck, 146 Clyde Ave, Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

927.4

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, (arm, factory, street, office bldg., etc.) Swimming Pool (CITY OR TOWN) Westminster (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) 6 (Day) 30 (Year) 53 (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? He drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Thorsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 6/30/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/3/53
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG. July 1, 1953
REGISTRAR'S SIGNATURE S. W. Hedrick
24. FUNERAL DIRECTOR Wm. Cook, Inc. 1207 St. Paul St. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05954

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 4 yr. 8 mo. 19
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 731 NORTH CHESTER STREET

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) HUBER

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 11-15-13

9. AGE last birthday: 39 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENJAMIN GRIEBEL

14. MOTHER'S MAIDEN NAME: MARIE CLARKE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unk -

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis of the lungs — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Organic brain syndrome chronic. — about 2 yrs.
(c) with convulsive disorder with psychosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC BRAIN SYNDROME ASSOCIATED WITH CONVULSIVE DISORDER, WITH PSYCHOTIC REACTION

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1948, to June 29, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 8:40 a.m. DST, from the causes and on the date stated above.

SIGNATURE AND TITLE: Irene L. Hitchman, M.D. — ADDRESS: Springfield State Hospital, Sykesville, Maryland — DATE SIGNED: 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 7-2-53 — **NAME OF CEMETERY OR CREMATORY:** Cedar Grove — **LOCATION** (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR: June 30, 1953 — **REGISTRAR'S SIGNATURE:** C. Harry Weer

24. FUNERAL DIRECTOR — **ADDRESS:** Wm. Cook, Inc. 1217 St Paul St. Baltimore

VS. A15

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C5355

CERTIFICATE OF DEATH

Reg. Dist. No. 77.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Hampstead
LENGTH OF STAY (in this place): 5-yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) - IRVIN (Last)

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 28-1861

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Irvin

14. MOTHER'S MAIDEN NAME: Margaret Streett

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No: —

17. INFORMANT & ADDRESS: Mrs Carroll Ruffman. Hampstead Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

Immediate cause (a) Chronic Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio Renal Vascular disease

(c)

Interval Between Onset And Death: ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from June 4 ,19 53, to June 11., 19 53, that I last saw the deceased alive on June 10., 19 53, and that death occurred at 1115 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph E Bush MD — ADDRESS: Hampstead Md — DATE SIGNED: 6/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-14-53 — NAME OF CEMETERY OR CREMATORY: Stableers — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REGISTRAR: 6/11/53 — REGISTRAR'S SIGNATURE: Henry J Mills — 24. FUNERAL DIRECTOR: Edw C Tipton — ADDRESS: Hampstead Md

VS. A15

RECEIVED
JUN 15 1953
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05356

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 1944 Linden Avenue

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) THOMAS (Last) JOHNSON

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: 11-5-91

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM THOMAS JOHNSON

14. MOTHER'S MAIDEN NAME: MARY MARGARET WELLS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk—

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS DUE TO — Interval Between Onset And Death: years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS...with cerebral arteriosclerosis with psychotic reaction — years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 19 53, to June 30, 19 53, that I last saw the deceased alive on June 30, 19 53, and that death occurred at 3 p.m. DST, from the causes and on the date stated above.

SIGNATURE (Degree or title) Gertrude M. Gross, M. D. ADDRESS Springfield State Hospital, Sykesville, Maryland DATE SIGNED 6-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 7-1-53 NAME OF CEMETERY OR CREMATORY Riverview Cemetery LOCATION (City, town, or county) Richmond Va (State) Richmond, Va

DATE REC'D BY LOCAL REGISTRAR July 1, 1953 REGISTRAR'S SIGNATURE C. Henry Weer

24. FUNERAL DIRECTOR Wm Cook, Inc ADDRESS 1717 St Paul Balto Md

VS. 15-1

RECEIVED
JUL 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05957

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, SYKESVILLE — LENGTH OF STAY (in this place) 13 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL	STREET ADDRESS (If rural give location) 313 Bedford Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) EDWARD (Last) KEENER

4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-27-85

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NICHOLAS KEENER

14. MOTHER'S MAIDEN NAME: ELIZABETH SNYDER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unk —

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X

Immediate cause (a) CHRONIC MYOCARDITIS — Interval Between Onset And Death: MONTHS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROSIS — YEARS

DUE TO (c) ANEURYSM OF ABDOMINAL AORTA

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ABS ASSOCIATED WITH METABOLIC DISTURBANCE

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1953, to June 7, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 1:30 p.m. DST, from the causes and on the date stated above.

SIGNATURE Irene L. Hitchman, M.D. (Degree or title) — ADDRESS Irene L. Hitchman, M. D. Springfield State Hospital, Sykesville, Maryland — DATE SIGNED 6-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-11-53 — NAME OF CEMETERY OR CREMATORY: Ravenna — LOCATION (City, town, or county) (State): Ravenna, Ohio

DATE REC'D BY LOCAL REGISTRAR: June 9, 1953 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: Weer & Haight - Sykesville, Md. — ADDRESS: Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

358

Reg. Dist. No. 83

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sykesville
LENGTH OF STAY (in this place): 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Sykesville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) J. (Last) KNAUFF

4. DATE OF DEATH: (Month) JUNE (Day) 11 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8-22-1876

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer(retired)

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. Knauff

14. MOTHER'S MAIDEN NAME: Catherine Wearth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 219-20-4023

17. INFORMANT AND ADDRESS: Sterling Knauff, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — 10 Yrs.

26 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1953, to June 11, 1953, that I last saw the deceased alive on June 11, 1953, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE: M. E. Robertson — (Degree or title): M.D. — ADDRESS: New Windsor, Md. — DATE SIGNED: June 11, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 6-14-1953 — NAME OF CEMETERY ~~OR CREMATORY~~: Sam's Creek Brethren — LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: June 14th -53 — REGISTRAR'S SIGNATURE: Zella M. Fowble

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. — ADDRESS:

RECEIVED
UN 16 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 213

05959

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor — LENGTH OF STAY (in this place): years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Church St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor
STREET ADDRESS (If rural, give location): Church St

3. NAME OF DECEASED (Type or Print): (First) RUTH (Middle) ELLA (Last) LANTZ

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Sept 6-1894
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George B Smith
14. MOTHER'S MAIDEN NAME: Mary Lyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: [illegible] - New Windsor, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

26UX Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to June 12, 1953, that I last saw the deceased alive on June 1, 1951, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) — ADDRESS: [illegible] — DATE SIGNED: June 13

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/14/53 — NAME OF CEMETERY OR CREMATORY: Mt Olive — LOCATION (City, town, or county): Union Bridge (State): Md

DATE REC'D BY LOCAL REG.: June 13/53 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: D D Hartzler & Sons - New Windsor — ADDRESS

RECEIVED
JUN 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (in this place): 2 mo. 5 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural give location): 337 Whitridge Avenue

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) H. (Last) LAYFIELD

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: 6-22-79

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: stenographer

10b. KIND OF BUSINESS OR INDUSTRY: Md. Casualty Co.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles P. Elliott

14. MOTHER'S MAIDEN NAME: Amelia Parrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.1

Immediate cause (a) CHRONIC MYOCARDITIS — Interval Between Onset And Death: weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROSIS — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS...WITH SENILE BRAIN DISEASE, WITH PSYCHOTIC REACTION — 1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24 1953, to June 29, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 4:15 a.m. DST, from the causes and on the date stated above.

SIGNATURE (Degree or title) Irene L. Hitchman, M.D. ADDRESS Springfield State Hospital, Sykesville, Maryland DATE SIGNED 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 7/2/53 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC. BALTO., 13, MD

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

5361

Reg. Dist. No. 7K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and complete answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (In this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 106 South Wolf Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) (Last) LIPINSKI
4. DATE OF DEATH: (Month) 6 (Day) 30 (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: ?
9. AGE last birthday: 85 ? yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H[illegible]wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: JOSEPH FABISZKA
14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Arteriosclerotic Cardio Vascular disease — Years —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of Left Hip. — 5 days

(c) CBS - with senile brain disease & psychotic reaction. 294.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: S.S.H.
(CITY OR TOWN): Sykesville (COUNTY): Carroll (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James T. Monk (Degree or title): Deputy Medical Examiner ADDRESS: Westminster Md DATE SIGNED: 7/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 4, 1953
NAME OF CEMETERY OR CREMATORY: Holy Rosary
LOCATION (City or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 7/2/53
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR ADDRESS: M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CARROLL COUNTY; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL. Smallwood; LENGTH OF STAY (in this place) 30 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS WESTMINSTER RT #6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY CARROLL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smallwood (RURAL); STREET ADDRESS (If rural, give location) WESTMINSTER RT #6

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) HOFFMAN (Last) LITTLE

4. DATE OF DEATH: (Month) JUNE (Day) 14 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE 16, 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN GEORGE HOFFMAN

14. MOTHER'S MAIDEN NAME: KEZIAH UTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: DAUGHTER EDITH E. WIST WESTMINSTER RFD #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
331X Immediate cause	(a) CEREBRAL HEMORRHAGE	15 MIN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ESSENTIAL HYPERTENSION	5 YRS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MARCH, 1953 to JUNE 14 1953, that I last saw the deceased alive on JUNE 1, 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE: William [illegible] M.D. (Degree or title) ADDRESS 69 WESTMINSTER MAIN ST WESTMINSTER MD. DATE SIGNED 6/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 16, 1953 | NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery | LOCATION (City, town, or county) (State): Smallwood Maryland

DATE REC'D BY LOCAL REG. 6/15/53 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: John R. Byers Westminster, Md.

VS. A15

RECEIVED
JUN 18 19[illegible]3
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pleasant Valley
LENGTH OF STAY (in this place): 15 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pleasant Valley
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) O. (Last) Miller

4. DATE OF DEATH: (Month) June (Day) 12, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 30, 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days / Hours / Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Miller

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Howard Davis, Westminster, R.D., Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

450.0
Immediate cause (a) Arteriosclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/11, 1953, to 6-12, 1953, that I last saw the deceased alive on 6-11-, 1953, and that death occurred at 1:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. H. Legg MD Union Bridge 6-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 14, 1953
NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
LOCATION (City, town, or county) (State): Uniontown, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/15
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: C.O.Fuss & Son, Taneytown, Maryland ADDRESS

Info from Mrs. H.S. Mehring, Rep. Taneytown.

RECEIVED
JUN 10
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 82

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Mt. Airy
LENGTH OF STAY (In this place) 2½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Olive
STREET ADDRESS (If rural, give location) Rural--Mt.Airy

3. NAME OF DECEASED (Type or Print): (First) WILSON (Middle) ROBERT (Last) MITCHELL
4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	10-30-1917	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	own farm	Georgia	U.S.

13. FATHER'S NAME: Grady Mitchell
14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	W.W.II	258-14-4997	Mary Eddie Mitchell, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
9281 Immediate cause	(a) Crushing injuries to chest	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Wood farm	(CITY OR TOWN) Mt Airy	(COUNTY) Carroll	(STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) June 14 . 1953 6-10 A m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Struck by bull

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐ homicide ☐, undetermined ☐.*

SIGNATURE James F Marsh (Degree or title) Deputy Med. Examiner ADDRESS Westminster Md DATE SIGNED June 14/1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	6-17-1953	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG. June 16-1953 REGISTRAR'S SIGNATURE H. D. Snyder

24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]365

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 2 mo. 7 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 2609 Keysworth Avenue

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) HENRY (Last) NEEBE

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 10-11-88

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Lived as a Hermit

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CONRAD NEEBE

14. MOTHER'S MAIDEN NAME: AMELIA NEEBE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk —

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3:37 X

Immediate cause (a) TERMINAL BRONCHOPNEUMONIA — Interval Between Onset And Death: 1 day

Antecedent causes (b) DUE TO CHRONIC CYSTIC DEGENERATION OF THE BRAIN

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: CBS...cerebral arteriosclerosis, with psychotic reaction, plus idiopathic epilepsy

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1953, to DST June 9, 19 53, that I last saw the deceased alive on June 9, 19 53, and that death occurred at 9:37 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) June L. Hitchman, M.D. ADDRESS Irene L. Hitchman, M.D. Springfield State Hospital, Sykesville, Maryland DATE SIGNED 6-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-12-53

NAME OF CEMETERY OR CREMATORY: Greenmount

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECD BY LOCAL REGISTRAR: June 11, 1953

REGISTRAR'S SIGNATURE: C. Henry Weed

24. FUNERAL DIRECTOR: Wm. Cook, Inc.

ADDRESS: 1217 W. Fayette St. Balt. Md.

VS. A15

RECEIVED
JUN 16 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

115566

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Union Mills
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Mills, Westminster, R.D.1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Union Mills
STREET ADDRESS (If rural, give location): Union Mills, Westminster, R. D. 1

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Hanson Lloyd (Last) Nusbaum

4. DATE OF DEATH: (Month) 6/28/53 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/13/1885

9. AGE last birthday: 67 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Canning Factory Employee, Retired.

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): Carroll Co., Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Charles E. Nusbaum

14. MOTHER'S MAIDEN NAME: Mary C. Earhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-20-9691

17. INFORMANT AND ADDRESS: L. Miraud Nusbaum Union Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Renal disease — Interval Between Onset and Death: several yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Valvular Insufficiency — several yrs.

(c) Arterio Sclerosis (Severe) — several years

Cardiac decompensation

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from N.D., 19.57, to June 28, 19.53, that I last saw the deceased alive on June 28, 19.53, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Glenn Leicher — ADDRESS: Westminster Md — DATE SIGNED: 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/1/53 — NAME OF CEMETERY OR CREMATORY: St. Marys Union Cemetery — LOCATION (City, town, or county) (State): Silver Run, Carroll Co., Md.

DATE REC'D BY LOCAL REG.: 6/29/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: J.W. Little & Son Littlestown, Pa.
Per R.A Little

RECEIVED
JUL 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]367

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 4yrs. 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville - R.D. 2
STREET ADDRESS (If rural give location) ----

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) May (Last) Page

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-5-1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George E. Proctor

14. MOTHER'S MAIDEN NAME: Louise Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: Unk -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic myocarditis — 5 yrs.

DUE TO

(c) Hypertension — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis.

19a. DATE OF OPERATION: ----

19b. MAJOR FINDINGS OF OPERATION ----

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ----

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----

(CITY OR TOWN) (COUNTY) (STATE) ----

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 1-18-, 19 49 to 6-29-, 1953, that I last saw the deceased alive on 6-28-, 19 53, and that death occurred at 4:00 A.M. from the causes and on the date stated above.

SIGNATURE M.M. Mastin, M.D. (Degree or title)

ADDRESS Springfield State Hosp. Sykesville, Md.

DATE SIGNED 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-3-53

NAME OF CEMETERY OR CREMATORY Hills Church

LOCATION (City, town, or county) Hills Church, Va. (State)

DATE REC'D BY LOCAL REGISTRAR June 30, 1953

REGISTRAR'S SIGNATURE C. Henry Teed

24. FUNERAL DIRECTOR D.C. Pearson

ADDRESS Hills Church, Va.

VS. A15

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 35968

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) since 6/7/27
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3022 Garrison Boulevard

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Scott (Last) PEARCE
4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 12/12/74
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months – Days – IF UNDER 24 HRS. Hours – Min. –

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Charles Pearce
14. MOTHER'S MAIDEN NAME: Sarah E. Phillips

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: ---
17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 [illegible]

Immediate cause (a) Perforation of aneurysm of abdominal aorta — Interval Between Onset And Death: minutes

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic valvular heart disease — more than 1 year

DUE TO (c) Arteriosclerosis with hypertension — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid schizophrenia — more than 25 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) ---
(COUNTY)
(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURED --- While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to June 23, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

SIGNATURE Martin Gross M.D. (Degree or title) Martin Gross, M. D.
ADDRESS Sykesville, Md.
DATE SIGNED 6/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/27/53
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 6/25/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons
ADDRESS Balto-17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 2yrs, 9mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 5318 Winner Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) A. (Last) PENN

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 4-6-1872

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George W. Parsons PENN

14. MOTHER'S MAIDEN NAME: Fannie PARKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT & ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarct — Interval Between Onset And Death: for 7 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) coronary artery disease — for 4 yrs

DUE TO (c) Hypertensive cardio-vascular disease — 20 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of cervix, arrested by radium treatment — 11 yrs ago

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 9-15 19 50, to June 13, 19 53, that I last saw the deceased alive on June 13 1953, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE: Herbert Sonnenfeld M.D. — (Degree or title) — ADDRESS: Springfield State Hospital Sykesville Md — DATE SIGNED: 6/13/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 6-16-53 — **NAME OF CEMETERY OR CREMATORY:** Loudon Park. — **LOCATION** (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR: June 14, 1953 — **REGISTRAR'S SIGNATURE:** C. Harry Weer — **24. FUNERAL DIRECTOR:** Wm. Cook, Inc. — **ADDRESS:** 1212 E. Baltimore St.

RECEIVED
JUN 13 - 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05970

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) since 12/21/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1307 W. Fayette Street

3. NAME OF DECEASED: (Type or Print) (First) Calvin (Middle) - (Last) PHILLIPS

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced
8. DATE OF BIRTH: March 8, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: --- Unk -
11. BIRTHPLACE (State or foreign country): Sykesville, Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William Phillips
14. MOTHER'S MAIDEN NAME: Ida Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: 219-01-3382 unknown
17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 X

		Interval Between Onset And Death
Immediate cause	(a) Bronchopneumonia	2 weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	1½ yrs.
	DUE TO (c) ---	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis 1½ yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURED --- While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from April 10 1952, to June 29, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE Martin Gross M.D. (Degree or title) Martin Gross, M. D. ADDRESS Sykesville, Md. DATE SIGNED 6/30/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 7-1-53
NAME OF CEMETERY OR CREMATORY Wards Chapel
LOCATION (City, town, or county) (State) Baltimore Co., Md.
DATE REC'D BY LOCAL REGISTRAR June 30, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Knight ADDRESS Sykesville, Md.
Luther H. Knight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 1953
BUREAU V. S.

11 371

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural, give location) Washington Road

3. NAME OF DECEASED (Type or Print) (First) CORA (Middle) MAY (Last) PH[illegible]IPS
4. DATE OF DEATH (Month) June (Day) 29 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Sept. 12, 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Carroll Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David Hoff
14. MOTHER'S MAIDEN NAME Marilla Lockard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. G. H. Nickoles, Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	4 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis General	several
	(c) c̄ Coronary disease	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1953, to June 29, 1953, that I last saw the deceased alive on June 27, 1953 and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilhelm Speicher ADDRESS Westminster Md DATE SIGNED 6/30/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 1 53
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) (State) Westminster Md

DATE REC'D BY LOCAL REG. 6/30/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. E. Myers Jr. ADDRESS Westminster Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1953
BUREAU V. S.

6530

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) AARON (Middle) B (Last) PLOWMAN
4. DATE OF DEATH (Month) June (Day) 25 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 12, 1867
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME [illegible] Plowman
14. MOTHER'S MAIDEN NAME Nancy Benedict
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs Aaron Plowman Uniontown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to June 25, 1953, that I last saw the deceased alive on June 25, 1953, and that death occurred at 9:30 P m. from the causes and on the date stated above.

SIGNATURE James F Marsh (Degree or title) MD ADDRESS Westminster Md DATE SIGNED 6/26/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 28, 1953
NAME OF CEMETERY OR CREMATORY Winters Cemetery
LOCATION (City, town, or county) Linwood (State) Maryland
DATE REC'D BY LOCAL REG. June 28/53
REGISTRAR'S SIGNATURE Margaret R. Englar
24. FUNERAL DIRECTOR C. O. Russ & Son Taneytown ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]372

CERTIFICATE OF DEATH

B.C Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 2 yrs; 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield St.Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 559 East 38th.Street

3. NAME OF DECEASED: (Type or Print) (First) Hazel (Middle) Inderrieden (Last) QUINN
4. DATE OF DEATH: (Month) 6-9 (Day) -53 (Year) 19

5. SEX: fem.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): separ.
8. DATE OF BIRTH: Nov.10,1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore,Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Inderrieden
14. MOTHER'S MAIDEN NAME: Edith GARTSIDE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) - —
16. SOCIAL SECURITY No.: Unk -
17. INFORMANT & ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

172 X

Immediate cause (a) Neoplastic metastatic disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) primary squamous cell carcinoma of uter.

DUE TO (c) Thrombosis of both lower and r.upper extremity.

Interval Between Onset And Death: 2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia praecox,paranoid type — 17 yrs.

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? ~~Yes~~ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) - (COUNTY) (STATE)
TIME OF INJURY (Month) - (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ - Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 9-15, 1950, to 6-9, 1953, that I last saw the deceased alive on 6-9, 1953, and that death occurred at 7 15 a.m., from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospital Sykesville Md. DATE SIGNED 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-11-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR June 9, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Wm Cook, Inc. ADDRESS 1217 St Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 11 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05973

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Lykesville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Lykesville
STREET ADDRESS (If rural give location) Greenville Road

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Elizabeth (Last) Rishel
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 5, 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Sewer
10b. KIND OF BUSINESS OR INDUSTRY: Woolen Mills
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harry
14. MOTHER'S MAIDEN NAME: Lucie Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 214-03-3733
17. INFORMANT & ADDRESS: Mr James White, Lykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death: 5 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cancer of cervix — 1 yr.

DUE TO

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 2 yrs.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) not an injury m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? not an injury

22. I hereby certify that I attended the deceased from 5-12, 1951, to 6-7-, 1953, that I last saw the deceased alive on 6-7, 1953, and that death occurred at 10:35 P.M. from the causes and on the date stated above.

SIGNATURE D. D. Caples (Degree or title) M.D. ADDRESS 6 Hanover Rd. Reisterstown, Md. DATE SIGNED 6-9-'53

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
DATE THEREOF 6-11-53
NAME OF CEMETERY OR CREMATORY Ardmore
LOCATION (City, town, or county) Ardmore Mills, Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 4, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Weer & Haight - Lykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1953
BUREAU V.

15974

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Sykesville
LENGTH OF STAY (in this place): 8 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Sykesville
STREET ADDRESS (If rural, give location): Oakland Road

3. NAME OF DECEASED (Type or Print): (First) NEIL (Middle) (Last) ROBERTS
4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 6-28-1952
9. AGE last birthday: yrs. — If under 1 year: Months 11, Days 7 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland - Am. Am. Co.
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: Vernon Roberts
14. MOTHER'S MAIDEN NAME: Elisabeth Lusche
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Vernon Roberts, Sykesville, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute capillary bronchitis — 1 day

241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) asthma, bronchial — 1-2 wks 6

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 June, 1953, to 5 June, 1953, that I last saw the deceased alive on 5 June, 1953, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD. — ADDRESS: Sykesville — DATE SIGNED: 6/5/53.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 6-8-1953 — NAME OF CEMETERY OR ~~CREMATORY~~: Holy Family — LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: June 1, 1953 — REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Maryland

20652 31195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUN 11 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Sykesville
LENGTH OF STAY (in this place): since 5/30/46
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Balto
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore ~~City~~ 03 X
STREET ADDRESS (If rural give location): Carrollton Avenue (Ruxton-4)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Lyon (Last) ROGERS
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 19 53
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 9/29/75
9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Special agent
10b. KIND OF BUSINESS OR INDUSTRY: for railroad
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: Charles Lyon Rogers
14. MOTHER'S MAIDEN NAME: Anna Rebecca Grogan
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
571.1 Immediate cause	(a) Bronchopneumonia	24 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) diarrhea	3-4 days
	DUE TO (c) ---	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's disease, senile psychosis. — 10 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---
(CITY OR TOWN) (COUNTY) (STATE): ---
TIME (Month) (Day) (Year) (Hour) OF INJURY: ---
INJURY OCCURED While at Work ☐ Not While At Work ☐: ---
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 1:52 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irene R. Hoffmann M.D.
ADDRESS: Sykesville, Md.
DATE SIGNED: 6/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 28/53
NAME OF CEMETERY OR CREMATORY: St Thomas Rectory
LOCATION (City, town, or county) (State): Gamson Town Balto Co
DATE REC'D BY LOCAL REGISTRAR: June 26 1953
REGISTRAR'S SIGNATURE: C. Riley Deer
24. FUNERAL DIRECTOR: C. Lundrum Son & Baldwin
ADDRESS: [illegible]

VS. A15

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5976

CERTIFICATE OF DEATH

Reg. Dist. No. 7-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly

1 PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco (Rural)
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) V (Last) ROYSTON

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1953

5. SEX: F/M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: June 16 1875 — 9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Own home — 11 BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Caleb Harris — 14. MOTHER'S MAIDEN NAME: Catherine Hare

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: Robt W Royston, Upperco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Chr Myocarditis — Interval Between Onset And Death: ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerotic Cardio Renal Vascular dis — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 1, 1953, to June 17, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) David E Bush M D — ADDRESS Hampstead Md — DATE SIGNED 6/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 20 63 — NAME OF CEMETERY OR CREMATORY Grace Meth. — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 6/17/53 — REGISTRAR'S SIGNATURE Henry J Kaus — 24. FUNERAL DIRECTOR Edw C Tipton — ADDRESS Hampstead Md

VS. A15

RECEIVED
JUN 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Snyderburg

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural
STREET ADDRESS (If rural, give location) Snyderburg.

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) Edward (Last) Ruby
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov 8, 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Henry Ruby
14. MOTHER'S MAIDEN NAME: Sarah Leppo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Lewis E. Ruby, Hampstead, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1
Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 8 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Cardio-Vascular disease — ?
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cl. myocarditis.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 17, 1953, to June 25, 1953 that I last saw the deceased alive on June 24, 1953, and that death occurred at 9 A.M. m., from the causes and on the date stated above.
SIGNATURE Joseph E. Bush (DEGREE OR TITLE) M.D. ADDRESS Hampstead Md DATE SIGNED 6/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 28/53
NAME OF CEMETERY OR CREMATORY Leister's
LOCATION (City, town, or county) Carroll Co Md (State)
DATE REC'D BY LOCAL REG. June 25-53
REGISTRAR'S SIGNATURE Henry J. Kells
24. FUNERAL DIRECTOR Edw C Tipton, Hampstead Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. AT. 8-51

RECEIVED
JUN 29 1903
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sykesville
LENGTH OF STAY (in this place): 21 y 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): not known
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lollie (Middle) Marie (Last) Simon

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-9-1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Dennis
14. MOTHER'S MAIDEN NAME: ? Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 12 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) hypertensive cardio-vascular disease — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — more than 25 y

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1953, to 6-10-, 1953 that I last saw the deceased alive on 6-10-, 1953, and that death occurred at 7 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Gertrud Sonnenfeldt M.D.
ADDRESS: Springfield State Hospital
DATE SIGNED: 6/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-15-53
NAME OF CEMETERY OR CREMATORY: Calvary
LOCATION (City, town, or county) (State): Long Island, N.Y.

DATE REC'D BY LOCAL REGISTRAR: June 11, 1953
REGISTRAR'S SIGNATURE: C. Harry Weer
24. FUNERAL DIRECTOR: Weer & Haight - Sykesville, Md. Arthur H. Haight
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place) 7 Mo N
HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 North Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural)
STREET ADDRESS (If rural, give location) 400 North Main

3. NAME OF DECEASED (Type or Print) (First) Terrence (Middle) Daniel (Last) Smith
4. DATE OF DEATH (Month) June (Day) 16 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 19-1952
9. AGE last birthday yrs. If under 1 year Months 7 Days 27 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Campbell Houck Smith
14. MOTHER'S MAIDEN NAME Mildred Nagle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Campbell Smith Hampstead, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rupture of Myelo - lumbar meningocele 7 Mo N

751 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Club Foot

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1953, to June 16, 1953 that I last saw the deceased alive on June 13, 1953, and that death occurred at 9 P m. from the causes and on the date stated above.

SIGNATURE W H Foard (Degree or title) M.D. ADDRESS Manchester, Md DATE SIGNED 6/17/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 19/53
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) Carroll Co. Md (State)

DATE REC'D BY LOCAL REG. 6/17/53
REGISTRAR'S SIGNATURE Henry J Reds
24. FUNERAL DIRECTOR Edw Tipton, Hampstead Md ADDRESS

20023114-05

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05980

B.C Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 00-01
STREET ADDRESS (If rural give location) 337 Brenkman Street

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) — (Last) Ullman
4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1953
5. SEX: Fem.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: March 17 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob Ullman
14. MOTHER'S MAIDEN NAME: Bettie Millhouser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Bronchopneumonia — 10 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular renal disease — 2 yrs.
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency without Psychosis — 36 years.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15 ,1950, to 6-9 , 1953, that I last saw the deceased alive on 6-9 , 1953, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gertrud Sommerfeldt M.D. Springfield State Hospital Sykesville Md. 53

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF 6-11-53 — NAME OF CEMETERY OR CREMATORY Hebrew Friendship — LOCATION (City, town, or county) (State) 3600 E. Baltimore St Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 6-11-53 — REGISTRAR'S SIGNATURE C. W. Hedrick M.D.

24. FUNERAL DIRECTOR ADDRESS
David R. Martin, 1902 Eutaw Place
David R Martin

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05981

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY CARROLL MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, SYKESVILLE

LENGTH OF STAY (in this place) 15 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY MONTGOMERY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK

STREET ADDRESS (If rural give location) 719 Erie Avenue

3. NAME OF DECEASED: (Type or Print) (First) MAYME (Middle) SYRENIA (Last) ZARTMAN

4. DATE OF DEATH: (Month) 6 (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11-8-74

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM C. BARNARD

14. MOTHER'S MAIDEN NAME: LIZZIE STOOPS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 170X

Immediate cause (a) Pulmonary hemorrhage due to meta-stasis of Ca — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of l. breast — 5 mths

DUE TO (c) Computated

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS...cerebral arteriosclerosis, with psychotic reaction

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1953, to June 12, 1953, that I last saw the deceased alive on June 12 1953, and that death occurred at 10:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS Springfield State Hosp. DATE SIGNED Sykesville Md.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 6-13-53

NAME OF CEMETERY OR CREMATORY GOSHEN

LOCATION (City, town, or county) (State) GOSHEN, INDIANA

DATE REC'D BY LOCAL REGISTRAR 6-13-53

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR The D. H. Hines Co. ADDRESS 2901 14th St. N.W. Washington, D.C.

RECEIVED
JUN 16 1953
BUREAU V. S.